United Nations E/2009/NGO/22

Economic and Social Council

Distr.: General
2 June 2009

Original: English

Substantive session of 2009
Geneva, 6-31 July 2009
Item 2 (b) of the provisional agenda*
Annual ministerial review: implementing the internationally agreed goals and commitments in regard to global public health

Statement submitted by Global Alliance for Women's Health, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-35695 (E) 230609

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Statement*

Overview

The Global Alliance for Women's Health (GAWH) believes that the lack of gender-specific data and policies directly contributes to the severe and ongoing health, social, and economic burdens women are faced with around the world, every day. This is especially true when discussing the burdens of non-communicable and chronic diseases and women's health.

Women and Diabetes

While both men and women are affected by non-communicable diseases (NCDs), women often suffer from greater morbidity. Diabetes is an example of one such NCD. Of the 246 million people around the world with diabetes, 122 million of them are women. This number is expected to rise to 192 million by the year 2025. The risk of diabetic ketoacidosis, or diabetic coma, is 50% higher among women than men. The risk of death from coronary heart disease is 50% higher for women with diabetes compared to men, a statistic that increases dramatically if the woman is also a smoker.

Diseases like diabetes do not just affect a woman's physical health, but also her social and emotional health. In Bangladesh, a developing nation suffering from a very high rate of diabetes (similar to many developing nations), women with diabetes can be faced with the stigma of being considered undesirable mates, and will often be rejected as wives due to the disease. This stigmatization is unique to women and will prevent the achievement of equality in society as long as the issue remains unattended. When comparing children with diabetes, girls are less likely to be sent to school and less likely to receive optimal care compared to boys.

Maternal and Child Health

Maternal and child health and the realizations of Millennium Development Goals (MDGs) 4 and 5 are also severely compromised by non-communicable and chronic diseases. To use diabetes as an example again, pregnancies in women with both pre-existing diabetes and women with gestational diabetes mellitus (GDM) are considered high risk for complications. Women with GDM are 40-60 percent more likely to develop diabetes in the 5-10 years following their pregnancy. During pregnancy, women with diabetes also have a higher risk of vascular complications. Pre-existing vascular complications may also worsen.

Undiagnosed and untreated diabetes during pregnancy also severely compromises fetal development, leading to congenital malformations, still births and intrauterine death. Women with GDM are at a greater risk of delivering high-birth weight babies (macrosomia), which also may result in greater risk of fistula, hemorrhaging, infection, and death during childbirth.

* Issued without formal editing.

In short, addressing diabetes during pregnancy has an impact on both the mother and the baby. It reduces maternal morbidity and mortality and infant mortality, and has also been shown to have an impact on the long term health of both the mother and the offspring by preventing many chronic diseases, such as diabetes and cardiovascular disease. Failure to address these maternal issues compromises the health of not only women, but communities, and prevents development and the achievement of the MDGs.